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FORM**

(to be used for all correspondence after initial filing)

Application Number

10/657,643

Filing Date

09/08/2003

First Named Inventor

Sheila Lynn Schlitter

Art Unit

3676

Examiner Name

Total Number of Pages in This Submission

10

Attorney Docket Number

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Response to Missing Parts/  
Incomplete ApplicationResponse to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_

After Allowance communication  
to Technology Center (TC)Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please  
Identify below):Letter to Commissioner  
Claim on separate sheet

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Sheila Lynn Schlitter

Signature

Sheila Lynn Schlitter

Date

February 4, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

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Date

February 4, 2004

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